

FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36957

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>				c. CITY OR TOWN <u>Unionville</u> <u>0860</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				Length of stay in 1b <u>Life Time</u>		d. STREET ADDRESS (If outside, give location) <u>Unionville, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elyod</u> Middle <u>Elbridge</u> Last <u>Doyle</u>				4. DATE OF DEATH Month <u>October</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 29, 1905</u>	
9. AGE (In years last birthday) <u>52</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer, Checking Rock Mo. State H'Way Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Unionville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13. FATHER'S NAME <u>Harry D. Doyle</u>			
14. MOTHER'S MAIDEN NAME <u>Lola M. Ackley</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>No</u>				17. INFORMANT <u>Mrs. Juanita Attkin</u> Address <u>Unionville, Mo. 704 N. 22 St.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dysuria by Motor grader</u> DUE TO (b) <u>Chest Crushed. Lung & Heart perforations</u> DUE TO (c) <u>9/25</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>6</u>					
20c. TIME OF INJURY Hour <u>7</u> Month <u>9</u> Day <u>25</u> Year <u>1957</u> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Road construction</u>		20f. CITY, TOWN, OR LOCATION <u>Unionville</u>		20g. COUNTY <u>Putnam</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>9-17-57</u> to <u>10-10-57</u> and last saw him alive on <u>10-10-57</u> Death occurred at <u>9:17</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. W. McDonald</u> (Degree or title) <u>Dr.</u>				22b. ADDRESS <u>Unionville, Missouri</u>		22c. DATE SIGNED <u>10/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/13/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>	
24. FUNERAL DIRECTOR By <u>John J. Comstock</u> Address <u>Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-12-1957</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

DDT 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John W. Comstock

Licensed Embalmer No. 389

P. O. Address *Unionville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.